

Mental Health Redesign and Implementation Task Force

Wednesday, January 16, 2013, 3:10 – 5:00 p.m.

Representatives: Serge Blasberg (Quality AT); Beth Ann Burazin (Person-Centered Care AT); Shirin Cabraal (for Barbara Beckert, DRW); Pete Carlson* (Aurora Behavioral Health); Héctor Colón (Milw. Co. DHHS); Kristina Finnel (Community Linkages AT); Pam Fleider (MC3); Rachel Forman (Grand Avenue Club); Susan Gadacz (Milw. Co. BHD/Community Services); Scott Gelzer (Workforce AT & Faye McBeath Foundation); Peter Hoeffel (Person-Centered Care AT); Bernestine Jeffers (for Cheryl Lofton, State of Wisconsin); Raisa Koltun (Milw. Co. Executive Staff); Henry Kunath (Quality AT); Paula Lucey* (Milw. Co. BHD); Jim Mathy (Community Linkages AT); Mary Neubauer (Continuum of Care AT); Peggy Romo West (County Board); Nathan Zeiger (MC3)

Staff/Guests: Pat Bellittiere; Jennifer Collins; David Eisner; Mark Flower; Catricia Goodman; Mary Ann Herzog; Monica Hogan; David Johnson; Karen Johnson; Amy Lorenz; Tonya Simpson; Russell Stamper; Jennifer Wittwer; Jeff Weber

RISTAT: Chris Cline, MD (ZiaPartners); Ken Minkoff, MD (ZiaPartners); Jan Wilberg, Ph.D. (Wilberg Community Planning, LLC)

Welcome & Introductions

The meeting was called to order by Ms. Lucey, and attendees introduced themselves and their organizational affiliation or constituency.

Old Business & Redesign Overview: Mission & Partnerships

Minutes from the December 5 meeting of the Redesign Task Force were distributed electronically prior to the meeting and were approved. Dr. Minkoff and Dr. Cline reviewed the previous meeting's discussion on the scope and mission of the Redesign Task Force and Action Teams, affirming that the purview includes not only publicly funded and contracted services and supports but rather the broader system of services and supports throughout Milwaukee County, including public and private, formal and informal.

Dr. Minkoff also described the formal decision to reconfigure the Executive Committee to include the Action Team Co-chairs, Redesign Task Force co-chairs, Susan Gadacz, and previous Executive Committee who opt to continue. This expansion was formalized in a teleconference with the previous Executive Committee on December 19. The Executive Committee will meet each month prior to the Redesign Task Force meeting to coordinate the ongoing work of the Action teams and other workgroups and to organize the Task Force meeting to be focused and productive.

A list of the official Redesign Task Force membership was distributed for consideration of the various constituencies that are represented, those that may lack representation, and how to effectively engage necessary partners. Due to a printing error, the corrected list was redistributed later in the meeting (see *Open Public Comment*).

SMART Goals: Origins & Development

The report and action plan discussed at the December 5 meeting were subsequently considered by the Committee on Health and Human Needs (December 12) and the full County Board (December 20). There emerged a distinct push to frame all redesign objectives and activities in terms of "SMART goals" – Specific, Measurable, Attainable, Realistic, and Timebound. Staff and consultants therefore compiled an initial draft of SMART goals that aimed to reflect the work of the Action Teams thus far and to articulate the vision and plans that have been affirmed by the Redesign Task Force. That initial draft was given to the Action Teams in December and early January for

* Redesign Task Force Co-Chair

critical discussion and revision, and the resulting second draft was presented to the Task Force, both in advance (electronically) and in hard copy at the present meeting.

Action Team Reports

Quality

Mr. Kunath reported that Mr. Blasberg would join him as Co-Chair of the Quality Action Team and that they had held a successful meeting just the day before. They raised the issue of safety and openness among stakeholders in terms of sharing data and how that data is used; a formal charter will be drafted for the Quality AT to articulate values and set standards for mutual trust and the processing of sensitive information. Dr. Minkoff commented that this same “charter” might be informative for articulating values of mutual trust and partnership for the Redesign process as a whole. The Quality AT also discussed the community dashboard, which is undergoing revision in response to the team’s recent meeting. Mr. Blasberg made reference to the *Outcome Measures* from the original Task Force charter: expansion of community-based services; shift of inpatient capacity from public to private facilities; decreased emergency detentions; decreased readmissions; establishment of a set of common quality metrics; increased application of the recovery model and trauma-informed care; and increased consumer satisfaction.

Community Linkages

Criminal Justice: Ms. Finnel reported that the Community Linkages AT learned of ongoing efforts by Tom Reed (Office of the Public Defender) and the Community Justice Council to create a data link between criminal justice and mental health systems, akin to one proposal in the SMART goals. Team members will be in attendance at the January 23 meeting of the CJC to learn more.

Employment: BHD hosted a two-day training on Dartmouth University’s IPS Supported Employment model. Also, the team is co-hosting a meeting with the Workforce AT on January 22 to focus specifically on opportunities, barriers, and funding related to the employment of persons with mental illness.

Housing: Mr. Mathy reported that the team is looking at existing data and waiting lists to identify and quantify community needs. There are potential challenges upcoming related to limited availability of rental assistance vouchers. The team will be a partner in developing plans on how to manage the continuum of housing. The Housing Division aims to maintain strong partnerships with WHEDA and City of Milwaukee. Ms. Cline encouraged the team to consider ways that Sam Tsemberis (Pathways to Housing) might be helpful as a member of the technical assistance team. Ms. Fleider asked about partnering with AODA and addressing the need for damp housing. Mr. Mathy indicated that the team planned to coordinate with MC3 regarding damp housing, and with sober home providers in the community.

Person-Centered Care

Mr. Hoeffel and Ms. Burazin reported excellent turnout at the January meeting of the Person-Centered Care AT, including MC3 Steering Committee members and representatives from Families Moving Forward, who provided valuable input related to culturally sensitive services and supports. Similar outreach and diverse participation is a continuing priority for other ATs. The team is very interested in public education and stigma reduction and proposes that County Supervisors might host information sessions within their districts, potentially assisted by Tonya Simpson from DHHS. The team might build off of ongoing stigma reduction efforts by Rogers InHealth. Mr. Hoeffel noted that research has shown that stigma reduction needs to involve people with the actual lived experience of mental illness, or else it can inadvertently increase stigma. Ms. Fleider commented that stigma reduction should relate to AODA issues as well as mental health.

Continuum of Care

Ms. Neubauer reviewed some emerging positive data related to PCS activity and reductions in waitlist numbers that had been shared by BHD staff at the Continuum of Care AT's meeting. The team is conducting an informal gap analysis survey to support ongoing efforts to create a comprehensive system map and identify strengths and weaknesses therein. It was suggested that the team might make recommendations to guide the proper allocation of roughly \$400K (included in the spending plan for the \$1.1M Community Investment remainder) earmarked for case management. Dr. Minkoff noted that the team had a disproportionate share of work in the SMART goals and that they might reach out to others, such as Ms. Lorenz from BHD Crisis Services. Ms. Lorenz described the work of the Crisis Partnership, named COPE.

Workforce

Mr. Gelzer reported that the Workforce AT is currently focused on Peer Specialists and acknowledged Ms. Finnel and MHA for bringing more peers to that discussion. Baseline data is needed to determine specific and measurable goals for enhancing utilization of peer support. Ms. Neubauer informed the group that an upcoming survey by the Wisconsin Peer Specialist Employment Initiative would provide much of the desired data. In consultation with community partners, BHD staff is developing a Peer Specialist Pipeline program with \$200K earmarked in the plan for the \$1.1M Community Investment remainder. The demand for training and continuing education for Certified Peer Specialists continues to exceed the supply. Mr. Carlson shared positive news that Aurora Psychiatric Hospital signed a contract to hire a Certified Peer Specialist and that they and MCW were in discussions about a shared psychiatric resident. Dr. Minkoff had also been in discussions with Dr. Lehrmann from MCW about a starting a dedicated workgroup to address psychiatric workforce development.

The Action Team Co-Chairs also reported on their respective teams' reactions to the draft of SMART goals that had been distributed for discussion. Feedback will be incorporated into an upcoming revision of that draft.

Ms. Gadacz reported on a "storyboard showcase" event at which Recovery Support Coordination, Targeted Case Management, and Community Support Program providers presented various Continuous Quality Improvement projects they had worked on for six months to improve person-centered planning practices.

New Business: Proposal for a Resource Strategy Team

Mr. Gelzer submitted a proposal for the creation of a Resource Strategy Team to:

- Map the existing funding "model" used for mental health in Milwaukee County, for both acute care and community services;
- Identify effective service funding models used in other communities that support community-focused ReDesign;
- Identify role(s) and opportunities for private funding in mental health services; and
- Recommend sustainable funding strategies to underwrite the redesigned mental health service system.

The proposal was seconded and unanimously approved, and the new team will be chartered and populated in the near future. Mr. Gelzer will work with Dr. Wilberg to schedule an initial planning meeting for developing this team.

Process Discussion: Marking Progress & Operationalizing SMART Goals

The SMART goals document was distributed for discussion. The process of revising and finalizing the document will begin with survey-based review by the Redesign Task Force until January 24 (responses expected from all members to ensure complete and representative feedback).

MH Redesign & Implementation Task Force
January 16, 2013

The survey will be sent out by January 18, and will include questions about each SMART Goal, as well as a question about missing membership representation on the Redesign Task Force. Following input from the survey, a next draft of the SMART Goals will be developed and sent out for Action Team review from January 28 through February 1, followed by further revision by the technical assistance team for further review and discussion by the Redesign Task Force at the February 6 meeting. The final document is to be submitted to the Committee on Health and Human Needs on February 11.

Open Public Comment

The issue of membership was raised by labor union representatives in the audience. It was explained that the Redesign Task Force was chartered by a County Board resolution, and its initial composition was directly responsive to that resolution and the directives of County administrators. Membership is not frozen, but it is formal; the addition of a new representative from a constituency found to be underrepresented would go through formal channels of consideration. An effective way to engage in the redesign processes more immediately is to contribute to one or more Action Teams, which welcome the voluntary participation of any interested stakeholder.

Mr. Blasberg reminded the Task Force to maintain its focus on recovery, which is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA.gov).

Mr. Stamper expressed appreciation to the group for welcoming him as a guest and for contributing time to these efforts.

Meeting Close

The Redesign Task Force will meet next on Wednesday, February 6, 3:00 to 5:00 at Highland Commons (6700 W. Beloit Road, West Allis). Subsequent meetings are on March 6 and April 3.